inder the Papernors Reduction Act of 1996, no persons are required to respond to a collection of information united & displays a yeld CMS control number. us was errough 7/31/2006. CMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Substitute for Form PTO-875 Application or Docket Humb Effective December 8, 2004 APPLICATION AS FILED - PART I (Column 1) (Column 2) OTHER THAN SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED BASIC FEE NUMBER EXTRA RATE (S) (3) CER 1 19(4) [9] & [C]] FEE O NA RATE (\$) SEARCH FEE NIA FEE (S) 150.00 (37 CFR 1 16(N. (1), or (m)) NA N/A 300.00 N/A EXAMINATION FEE N/A \$250 (37 CFR 1 16(0). (p). or (Q)) NA NIA \$500 N/A TOTAL CLAIMS N/A \$100 (37 OFR 1 16(0) NA \$200 minus 20 e INDEPENDENT CLAIMS X\$ 25 (3) OFR 1 16(N) X\$50 OR minus 3 . X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 OFR 1 16(4)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16()) +180= * If the difference in column 1 is less than zero, enter "O" in column 2. +360-JATOT APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) CLAIMS SMALL ENTITY OR OTHER THAN HIGHEST SMALL ENTITY ⋖ REMAINING NUMBER PRESENT AFTER ENDMENT RATE (\$) PREVIOUSLY AMENDMENT ADD: EXTRA RATE (\$) PAID FOR Total TIONAL ADOL. Minus TIONAL FEE (\$) FEE (1) Independent Of CFR 1.14nil X\$ 25 Minus X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200 æ FIRST PRESTIDENCE OF PARTIES DO CITED COME (STORR 1.160) +180* +360= OR TOTAL TOTAL ADD'L FEE OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS 0 HIGHEST REMAINING NUMBER PRESENT AFTER RATE (\$) **PREVIOUSLY** AMENDMENT ADD: EXTRA RATE (S) PAID FOR Total profe 1.16(1) ADDI-TIONAL Minus FEE (5) TIONAL FEE (1) X\$ 25 Independent Of CFR 1.18(h)) Minus X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (D7 CFR 1.160) +180= OR +360= TOTAL If the entry in column 1 is less than the entry in column 2, write "o" in column 3.

If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". ADD'L FEE OR . TOTAL ADD'L FEE

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

is collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. taking gethering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be send to the Chief Information Officer, U.S. Patient Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS